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SERIAL NUMBER 10/720,190	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 06530.0317
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APPLICANTS

Malka Berndt, Lexington, MA;

** CONTINUING DATA ***** *AT*** FOREIGN APPLICATIONS ***** *AT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Alex. Zay</i> <i>AT</i> Examiner's Signature Initials				

ADDRESS

22852

TITLE

Medical device with visual indicator and related methods of use

FILING FEE RECEIVED 2854	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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